Missouri Department of Mental Health
Missouri Institute of Mental Health

Substance Abuse Traffic Offenders Program (SATOP)

Brief 4 **October 1997**

Motivation

To help us evaluate program effectiveness, we assessed the motivation of offenders attending SATOP to change their drinking behavior. Two methods of assessing motivation were used. First we asked questions of both offenders and staff about offenders' motivation to continue drinking and driving. Secondly, offenders completed instruments specially designed to measure readiness to change drinking behavior. All these questions were asked of offenders at entry to and exit from SATOP; and of staff when offenders' exited the program. Exit was defined as completion of SATOP.

Motivational Questions

The questionnaire asked offenders three motivation questions before beginning, and immediately following, attendance at SATOP. We asked these same questions and a prognosis-related question of staff about each offender at exit.

The three questions we asked of offenders and staff were:

- In your opinion, how motivated are you to confront and/or change your alcohol/drug-related behaviors? (Scored on a scale from 1-7 with: 1= low motivation, 4= medium, motivation, 7= high motivation)
- Is it likely that you will continue to use alcohol and/or other drugs? (Scored on a scale from 1-5 with: 1=yes , 3=uncertain, 5=no)
- Is it likely that you will continue to use alcohol and/or other drugs and continue to drive? (Scored on a scale from 1-5 with: 1=yes, 3=uncertain, 5=no)

Because the three motivation questions were identical across time, and between staff and offenders, we were able to compare their responses. We used only "paired scores" or scores for those persons who completed both an entry and exit survey.

Offender Ratings

A comparison of offenders' ratings at entry and at exit showed us how their motivation changed during attendance at SATOP. When we statistically analyzed the paired scores of offenders, we found that, following SATOP, offenders' motivation to confront or change their alcohol/drug-related behaviors increased significantly. Also statistically significant was change in the likelihood that offenders would no longer drink/use drugs and drive. The likelihood that they would continue to drink or use drugs, however, did not significantly change. Table 1 on page 2 shows the average differences between offenders' motivation at program entry and exit.

Table 1: Comparison of Offenders Motivation from Entry to Exit

	N	Average score at entry*	Average score at exit*
In your opinion, how motivated are you to confront and/or change your alcohol/drug-related behaviors?	868 pairs [a]	4.61	5.13
Is it likely that you will continue to use alcohol and/or other drugs?	879 pairs	3.17	3.12
Is it likely that you will continue to use alcohol and/or other drugs and continue to drive?	882 pairs [b]	4.72	4.79

*The higher the number, the greater the motivation to change
[a] $t(867) = 8.06$, $p < .01$; [b] $t(881) = 2.76$, $p < .01$

Staff

SATOP staff had the option of rating the prognosis of offenders at exit on a five point scale from poor to excellent. Of the 888 persons rated, staff thought offenders' prognosis overall was either poor (6%), guarded (25%), fair (33%), good (32%) or excellent (4%).

Staff and Offender Comparisons

We compared staff ratings on the three motivation questions with what offenders thought their behavior was likely to be following attendance at SATOP. As Table 2 shows, offender and staff motivation ratings were statistically significant at exit for all three questions. In each case, offenders were more optimistic about their motivation to change behavior than staff and rated the strength of their motivation significantly greater than did staff.

Table 2: Comparison of Offenders Motivation from Entry to Exit

	N	Average exit score - staff*	Average exit score - offender*
In your opinion, how motivated are you to confront and/or change your alcohol/drug-related behaviors?	657 pairs [a]	4.55	5.33
Is it likely that you will continue to use alcohol and/or other drugs?	658 pairs [b]	3.01	3.26
Is it likely that you will continue to use alcohol and/or other drugs and continue to drive?	658 pairs [c]	3.67	4.80

*The higher the number, the greater the motivation to change
[a] $t(656) = 9.99$, $p < .01$; [b] $t(657) = 3.23$, $p < .01$; [c] $t(657) = 28.16$, $p < .01$

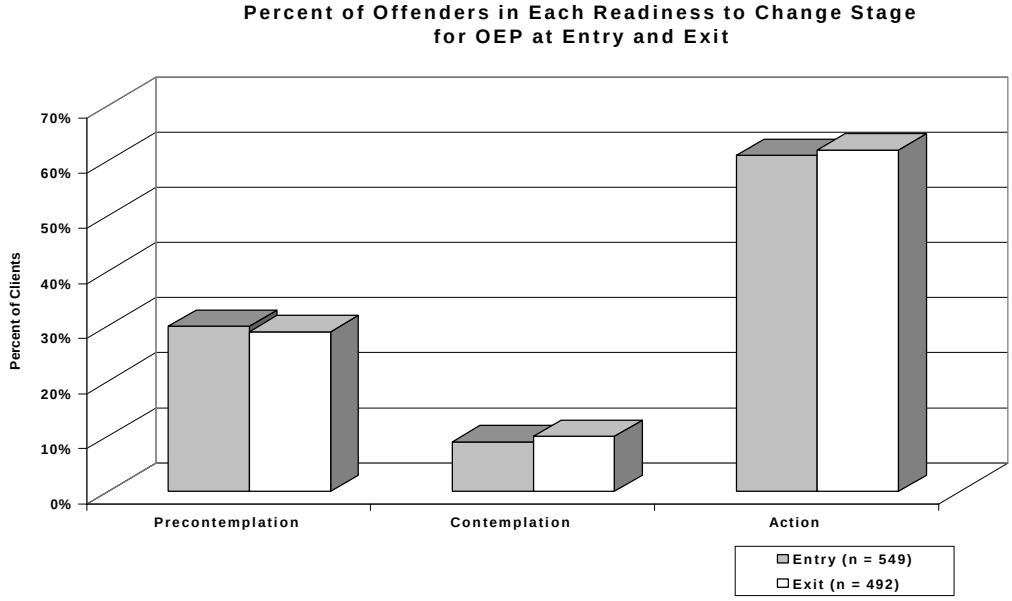
Readiness to Change

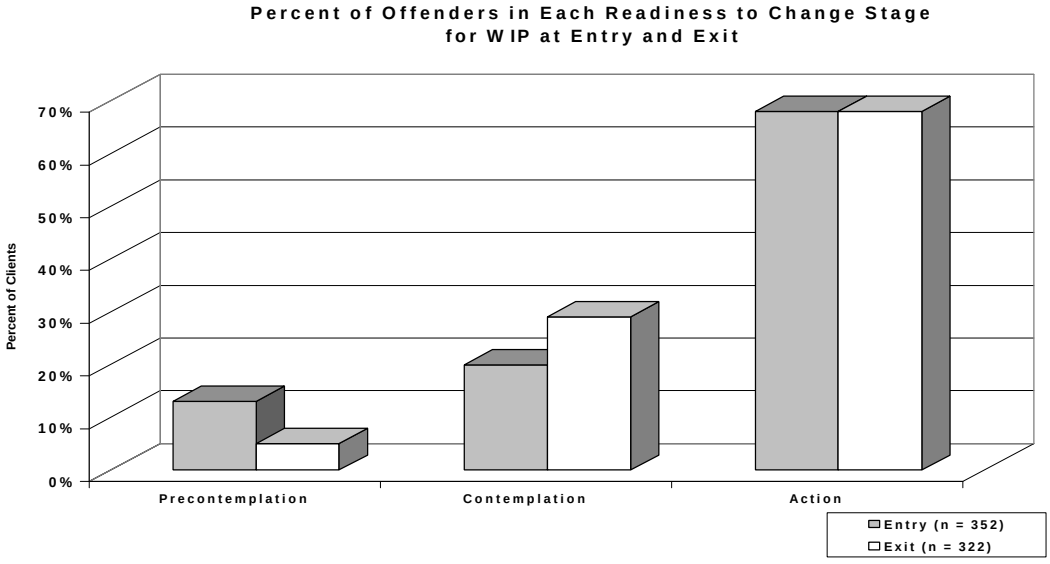
There are several tests to measure how ready persons are to change behavior. These tests are based on the current theory that people have different levels, or stages, of readiness to change their behavior. According to the theory, people pass through four stages: (1) *precontemplation*, not believing they have a problem; (2) *contemplation*, thinking about stopping problem behavior; (3) *action*, ready to stop problem behavior; and (4) *maintenance*, continuing in their new behavior.

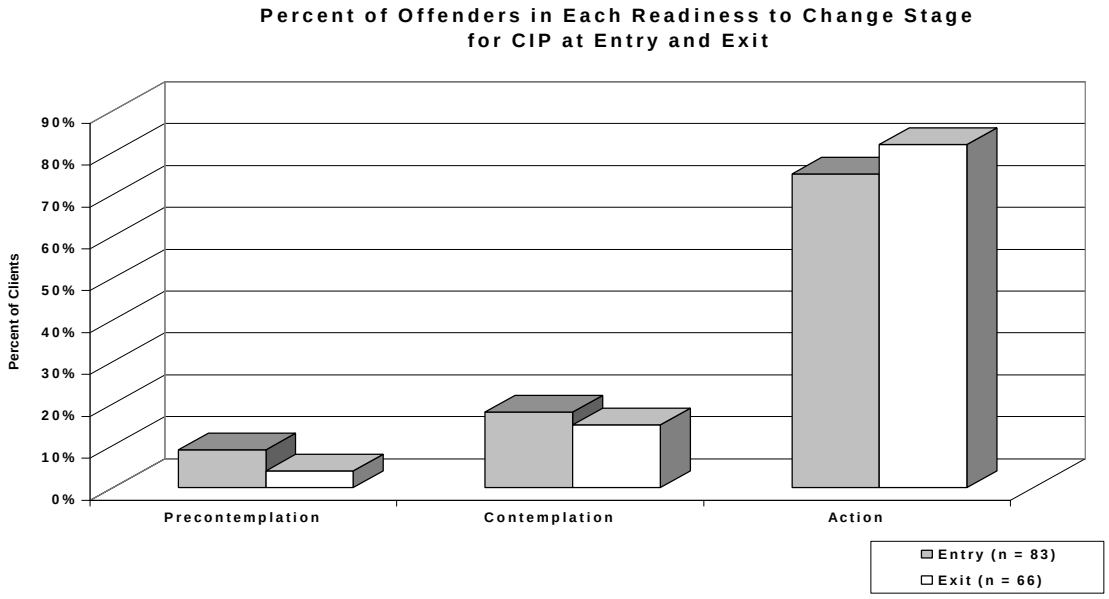
The theory leads us to believe we can design interventions to accommodate persons in the stage where we find them. In other words, treatment designed for a person who does not believe he/she has a drinking problem (precontemplation) would be different than

for one who is ready to stop drinking (action). For this evaluation, we chose to measure the concept with the Readiness to Change Questionnaire (RCQ) developed by Heather and Rollnick. It has 12 questions that the client answers.

We looked at readiness to change both by stages (categories) and by total scores. First, we divided the scores into three separate categories, or subscales, at entry and at exit to determine how many people were in the three different stages: precontemplation, contemplation and action. In theory, if treatment is having a beneficial effect, offenders should be classified in a higher stage of change at exit than at entry.







As the 3 graphs above show, a greater percentage of offenders attending OEP and WIP were in the contemplation stage and fewer in precontemplation at exit. For CIP, more had changed from contemplation to action at exit. These changes may indicate that offenders became more aware of their drinking behavior as they attended SATOP.

Next we looked at offenders' total readiness to change scores both at program entry and exit. In this case, the higher the client's score, the more ready he/she are to change the problem behavior. Table 3 gives the average total RCQ scores.

Table 3. Average total RCQ scores*

	Entry	Exit
OEP	.81	1.8
WIP	5.4	9.7
CIP	9.1	10.1

*Total RCQ scores can range from -24 to +24 with higher scores representing greater readiness to change.

The table shows wide differences in total scores obtained by offenders. Persons attending OEP were much less likely to be ready to change behavior than those attending WIP and CIP. The average total scores, overall, show differences both between ientry and exit and among program levels. When we conducted paired-sample t-tests on total readiness to change scores for the entire sample and the three components of treatment (OEP, WIP, and CIP), offenders in each of these comparisons reported being significantly more ready to change at exit than at entry.[1]

Summary

Offenders seem more motivated to confront behaviors related to alcohol, and to continue drinking and driving following their attendance at SATOP. Staff, however, did not have the same level of confidence in offenders' motivation to change behaviors, consistently rating them significantly lower than offenders did themselves.

The movement from one stage of change to another was not obvious. While total scores changed, there wasn't much movement among the readiness to change stages. Readiness to change problem behavior after treatment overall became more likely following SATOP. In interpreting this, we must consider two important issues. First, the low total readiness to change scores for the

OEP group (both before and after SATOP) may be due to the fact that many of the persons in this program component are probably not problem drinkers. Thus, we would expect scores to be low relative to the other treatment groups. Furthermore, the relatively high readiness to change scores of the CIP group (both before and after treatment) may be due to their recognition that they are multiple offenders in a more clinically oriented treatment regimen and need to address their substance abuse problem. Thus, it is possible that referral to such intensive treatment may in itself motivate the person to acknowledge their problem and initiate readiness to change.

End Notes

[1]For the overall sample; t (739) = 8.61; p < .001 (M = 3.10[1] at entry vs. M = 5.26 at exit); for OEP, t (417) = 3.04; p < .001 (M = 0.81 at entry vs. M = 1.77 at exit); for WIP, t (268) = 10.65; p < .001 (M = 5.44 at entry vs. M = 9.69 at exit); for CIP, t (54) = 0.792; p < .05 (M = 9.15 at entry vs. M = 10.06 at exit).